• • • •									Caller								
									Application or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECOI																	
Effective December 29, 1999											09/534493						
												2509					
CLAIMS AS FILED - PART I (Column 2)									SMO		ENTITY	OR	OTHER SMALL				
FOR NUMBER FILED NUMBER EXTRA						1	RA		FEE)	RATE	FEE					
ron									n.	_			PAIC				
BASIC FEE									<u> </u>	-	345.00	OR		690.00			
TOTAL CLAIMS			रु	minus 2					X\$ 9=		OR	X\$18=	167				
INDEPENDENT CLAIMS / D minus 3 = " 7							X39=			OR	X78=	346					
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=						
* If the difference in column 1 is less than zero, enter *0" in column 2								1	TOT	AL		OR	TOTAL	1398			
, , , , CLAIMS AS AMENDED - PART II													OTHER	THAN			
51004 (Column 1) (Column 2) (Column 3)									SM	ALL I	ENTITY	OR	SMALL	ENTITY			
H	200	CU	AIMS	1.00	HIGHEST			1			ADDI-	1 1		ADDI-			
Y			AINING TER	 	NUMBER		PRESENT EXTRA		RA	ΓE	TIONAL		RATE	TIONAL			
E.			DMENT		PAID FOR						FEE			FEE			
AMENDMENT A	Total	<u>. </u>	9_	Minus	<u>. 29</u>		=		X\$	9=		OR	X\$18=				
ME	Independent	•)	0	Minus	1	<u>) </u>	= /		Х3)=		OR	x ÿ €	-/			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+13	n		OR	23GH	l /			
										OTAL		•	TOTAL	 			
									ADDIT.	-		OR	ADDIT. FEE	4			
14	16/04	(Colu	umn 1)_		(Column	2)	(Column 3)			•							
_			AIMS AINING		HIGHES		PRESENT				ADDI-			ADDI-			
E			TEA		PREVIOUS	ELY	EXTRA		RA	TE _.	TIONAL		RATE	TIONAL			
MENDMENT B	Total	AMEN	IDMENT	Minus	PAID FOI	R .	= (1)		XS		FEE		X\$18=	FEE			
Z			1/	Minus	4/	$\overline{}$	<u> </u>					OR		-/			
¥	Independent	•	10		ENDENT C	Allu	1- (1)		X3)= 		OR	×578=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+13	0=		OR	200 €	1			
l	•							1		TAL		OR	TOTAL ADDIT, FEE	2			
	12-17-04 (Column 1) (Column 2) (Column 3)									FEE	<u> </u>		ADDIT, PEC				
<u> </u>	121109	(Column 1) (Column 2) (Column 3) CLAIMS (HIGHEST									, <u></u> -						
ပ		REM	AINING		NUMBER	7	PRESENT		0.4		ADDI-		RATE	ADDI- TIONAL			
Ę			FTER IDMENT	10 × 10 × 10	PREVIOUS PAID FO		EXTRA		RA	E	TIONAL FEE		HAIE	FEE			
AMENDMENT C	Total	• 0	<u> 19</u>	Minus	. 3	9	= O		X\$	9= ·		OR	X\$18=				
	Independent	• /	7)	Minus	••• /	D	· 0		2/2/			.	X78=	<u> </u>			
¥	FIRST PAESE	NTATIC	N OF M	ULTIPLE DEF	ENDENT CI	AIM			X3!	}= 		OR	A78=				
H								'	+13	0=		OR	+260=				
•	If the entry in colum	nn 1 is 1	ess than t	ne entry in colu	mn 2, write "O	in col	umn 3.	٠ '	70	TAL		OR	TOTAL				
	If the "Highest Num	nber Pro	eviously Pa eviously P	aid For IN THI: aid For IN THI	S SPACE is le S SPACE is le	ss tha ss tha	n 20, enter "20. n 3. enter "3."		ADDIT.		L		ADDIT, FEE				
	The Highest Num	ber Pre	viously Pa	id For (Total or	Independent)	is the	highest number	er fo i	und in t	he ap	propriate bo	x in co	lumn 1.				

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1U.S. GPO: 2000-463-439/28044